

Employee Payroll Information

Complete form in full. Please don't leave anything blank. Write "N/A" if an item doesn't apply.
Please do not send copies of W-4, state withholding certificates, Form I-9, etc. Retain these documents in your permanent files. We'll request copies if needed. **Please print legibly using black ink.**

Employer (company name): _____

Employee's Full Name: _____
(First Name) (MI) (Last Name)

Check One: New Hire. Rehire. Change of Information.

Employee's Address: _____
(Number and Street, P. O. Box, etc.)

(City, State, ZIP Code)

Home Phone: (_____) _____ Social Sec. No.: _____ - _____ - _____

Gender: Male. Female. Date of Birth: _____ (mm/dd/yyyy)

Hire Date: _____ Termination Date: _____ (mm/dd/yyyy)

Department Number: _____ Time Clock Card No. (if on time clock): _____

Tax Filing Status – FEDERAL: Married. Single. Married, but withhold Single.

FEDERAL Exemptions: _____ Additional amount: \$ _____.

Tax Filing Status – STATE: Married. Single. Married, but withhold Single.

STATE Exemptions: _____ Additional amount: \$ _____.

List any special tax information such as local tax, etc.: _____

Note any other special deductions or conditions: _____

Pay Frequency for this Employee:

- Weekly – specify day of week: _____
 Semi-monthly (Ex: 1st and 15th - 24 cycles/year) – specify dates: _____ and _____
 Monthly – specify date: _____
 Bi-weekly (every other week - 26 cycles/year) – specify day of week: _____
 Annually – specify month/day: ____/____
 Other – specify: _____

Pay Type: Hourly. Salary, Exempt from OT. Salary with OT. Commission.

Rate of Pay: \$ _____ . _____ (circle one) per hour – **or** – per pay period
(If salaries, please indicate per pay period amount, not annual amount.)

If variable Rate of Pay, please explain: _____

If salaried, is full salary to be paid this pay cycle? Yes. No. If no, list amount to pay: \$ _____ . _____

List any additional salary to be paid from a previous pay cycle: \$ _____ . _____

Insurance Options Elected: EE only. EE + Spouse. EE + Child(ren). Family.

Additional Comments: _____

Savers is pleased to be the provider of your payroll services and we thank you for placing your trust with us. Please don't hesitate to contact us if you have questions or concerns, or if we can help in any way.



Savers Administrative Services • 635 W. Fourth St., Suite 201 • Winston-Salem, NC 27101-2740
ph: 336-759-3888 • toll free: 800-949-0311 • fax: 336-759-3999 • www.saversadmin.com